

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010019

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waverly</b>		c. CITY OR TOWN <b>Carrollton R.F.D. 1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kelling Clinic</b>		d. STREET ADDRESS (If outside, give location) <b>7 miles N.W. of Carrollton</b>	
Length of stay in 1b <b>3 weeks</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>NEOMA</b> Middle <b>ALICE</b> Last <b>BAGGS</b>		4. DATE OF DEATH Month <b>Apr.</b> Day <b>8</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 26, 1892</b>
9. AGE (In years last birthday) <b>66</b>		10. IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and state or country) <b>Carroll Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Forrest Harper</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Wagaman</b>	
14. NAME OF HUSBAND OR WIFE <b>Clarence Baggs</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Clarence Baggs</b>		Address <b>Carrollton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary of heart with general arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>170X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>June 6, 1958</b> to <b>April 8, 1959</b> and last saw her alive on <b>April 8, 1959</b> Death occurred at <b>4:45 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Douglas Kelling M.D.</b> (Degree or title)		22b. ADDRESS <b>Waverly, Mo.</b>	22c. DATE SIGNED <b>4-18-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr. 10, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Carroll Memory Garden</b>	23d. LOCATION (City, town, or county) (State) <b>Carrollton, Mo.</b>
24. FUNERAL DIRECTOR <b>Standley-Gibson, Carrollton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 10, 59</b>	26. REGISTRAR'S SIGNATURE <b>Lutice Gordon Jordan</b>

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 16 1958

MAY 1 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James F. Gibson....., Student Embalmer No. 572..... working under my personal supervision.

Student James F. Gibson.....  
Signature of Student Embalmer

Signed Ben W. Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.